



Key Facts About Initiative 1000

Initiative 1000 would legalize assisted suicide, permitting a doctor to give a lethal overdose to a patient if the doctor feels that the patient is likely to die within six months.

Proponents argue that this initiative presents a “humane step toward improving care for terminally ill adults.” But an actual reading of the initiative text shows *no real safeguards to protect the vulnerable*. Instead, Initiative 1000 pressures those without adequate insurance or financial means to think that they have no choice other than assisted suicide. It provides an incentive for health plans to cut costs by encouraging assisted suicide. And it places many Washingtonians at risk.

- Patients currently have end-of-life choices, including durable power of attorney • and living wills, among others. Patients at end of life deserve personal care and real compassion. Not assisted suicide.
- Similar proposals have been defeated in 21 states. Since Oregon passed its assisted-suicide law in 1994 – the only state to do so – numerous physician-assisted suicide and/or euthanasia bills have been introduced in 21 states, some multiple times. Not one has passed.

Initiative 1000:

1. Endangers those struggling with the high cost of health care. Under I-1000 an ill and vulnerable person could be pressured to “choose” a fatal drug overdose rather than be given the health care and support they need. No one wants to be a financial burden; mixing I-1000 with our current unequal and expensive healthcare system would be deadly. In Oregon, Medicaid pays for assisted suicide for poor residents under the category of “comfort care”. The drug costs less than \$100 – far less than medications and treatments to make patients comfortable. Already some Oregon patients seeking chemotherapy drugs for cancer have been denied treatment but sent a letter suggesting they consider assisted suicide (“A Gift of Treatment,” *The Register-Guard*, Eugene, Oregon June 3, 2008)

2. Allows doctors to give lethal drugs to mentally ill or depressed patients. Many people feel sad, lonely, or afraid when they are seriously ill. Under I-1000 any such “cry for help” by a fearful or depressed person could easily be mistaken for a request for assisted suicide. Depressed or mentally ill persons can be given lethal doses with no psychological evaluation required (“A psychological disorder...does not necessarily disqualify a person.” [Oregonian, 10/17/99]). In Oregon in 2007, no one was referred for psychological evaluation.

3. Does not require that spouses and family be told before a doctor gives a loved one a lethal overdose. Under I-1000, a spouse or family member need not be consulted before the patient is given lethal drugs (I-1000, [Sec. 8]). Afterward, the family might never be told the truth of how their loved one died. Finding out after the fact that a loved one intentionally died from a drug overdose would be devastating for grief-stricken family members.

4. Has no safeguards for the patient after the prescription is written. No one needs to witness the death, only the initial request. There are no provisions to ensure that the patient is competent when the overdose is taken, that the patient is not pressured into taking the drugs, or that the fatal dose was not given to the patient against his or her will.

5. Allows other people to give the patient the lethal overdose . Initiative 1000 does not specify that *only* the patient may administer the lethal overdose to himself or herself. (Note: The term "self-administer" is curiously re-defined in I-1000 from its commonly understood meaning to the "act of ingesting". What a patient ingests is sometimes what is put before them, spoonfed to them, or in some cases what's in the feeding tube that goes to their stomach --by somebody other than the patient.).

6. Allows beneficiaries to witness death requests . Estate law wisely frowns on heirs witnessing wills, but I-1000 allows beneficiaries to sign as a witness to the request for lethal drugs. I-1000 is dangerous because the death does not need to be witnessed, and there is the real possibility that people will be coerced or forced into ending their lives. Common sense tells us that no one who benefits from a death should be involved in giving lethal drugs to the patient; I-1000 does not include this common-sense safeguard.

7. Requires a doctor to falsify death certificates . I-1000 requires doctors to lie on the death certificate, so the fatal overdose is not listed. Instead, doctors are directed to fill out the death certificate as if the patient died of natural causes. Relatives would never know the real cause of death, and vital statistics could not be used to track assisted suicide. [I-1000, Section 4, (1)(ii) (B)(2)]

8. Has secretive and inadequate reporting so any abuses will never be known. The assisted suicide initiative requires that information on assisted suicide be collected [I-1000, Sec. 15]. However, there are no penalties for incomplete or inaccurate reports. And there are no penalties for failing to report. The original reports are kept secret and sealed from any possible independent study. The *Oregonian*, the state's major newspaper, complained in 2005 that the law's reporting system "seems rigged to avoid finding" the answers. [Living with the Dying 'Experiment,' *Oregonian*, 3/8/05]

9. Protects even bad or incompetent doctors from lawsuits. The doctors who prescribe drug overdoses would be given protection from lawsuits or disciplinary action by medical authorities. Most doctors are capable and honest, but I-1000 would make it impossible to stop assisted suicide malpractice. If doctors make a "good faith" effort to obey the law, they cannot be sued.

10. Is not supported by those who work most closely with the dying. The Washington State Medical Association (the state affiliate of the AMA) and many other health care groups oppose I-1000. "We believe physician-assisted suicide is fundamentally incompatible with the role of physicians as healers," said WSMA President Brian P. Wicks, MD. "Patients put their trust in physicians and that bond of trust would be irrevocably harmed by the provisions of this dangerous initiative."

11. Is opposed by disability advocacy organizations. National and local disability rights organizations oppose Initiative 1000, including: American Disabled for Attendant Programs Today (ADAPT); American Association of People with Disabilities (AAPD); Association of Programs for Rural Independent Living (APRIL); Disability Rights Education and Defense Fund (DREDF); Justice for All (JFA); National Council on Disability (NCD); National Council on Independent Living (NCIL); National Spinal Cord Injury Association; Not Dead Yet (NDY); TASH; World Association of Persons with Disabilities (WAPD); World Institute on Disability (WID)

12. Is opposed by prominent persons of both parties. These persons include: Sen. Rosa Franklin (D); Sen. Jim Hargrove (D); Rep. Mark Miloscia (D); Sen. Margarita Prentice (D); Rep. John Ahern (R); Rep. Bruce Chandler (R); Rep. Bill Hinkle (R); Sen. Jim Honeyford (R); Sen. Bob McCaslin (R); Pam Roach (R); Rep. Lynn Schindler (R); Sen. Val Stevens (R); Rep. Bob Sump (R); Sen. Joe Zarelli (R).

13. Is only a "first step" in a slide toward euthanasia . I-1000 is a dangerous beginning toward the kind of assisted suicide abuse and euthanasia that are practiced in the Netherlands. Holland has gone, in a couple decades, from "assisted suicide" to allowing the killing of ill children and adults – sometimes, without their knowledge or consent. Even the spokesman for I-1000, Gov. Booth Gardner, has described the initiative as a "first step." If he can sway Washington to embrace this law, then other states will follow, according to the *New York Times*. "And gradually, he says, the culture will shift and laws with more latitude will be passed."

For more information: www.noassistedsuicide.com

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